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GLUCOSIS—ITS TREATMENT.

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A RECENT number of the Journal contains a description of a case of diabetes, and some interesting remarks on it and its treatment, and more especially with the sesqui-carb. of ammonia.

The view of the pathology of this peculiar affection, which limits the primary derangement to the stomach, is one, however, which does not seem to be strictly in accordance with the more recent investigations on the subject, as it is now well known that this organ is not the only one concerned in the healthy evolution of saccharine matter, but that the liver is also actively engaged in the elaboration of the same material. When, however, it is generated in undue quantities, from the excessive or morbid action of the two organs thus principally concerned in its healthy production, it does not necessarily follow that they are primarily affected, but it may be, rather, that they are thus forced into an undue and more exclusive physiological effort, in consequence of an antecedent deficiency in, or a previous deranged condition of, the blood, which furnishes these, as well as the other organs, with the materials and elements for their nutrient and functional operations, and this supply being probably in such cases disproportionate, exclusive and exalted action results. Hence, seemingly, it is to this fluid that attention should be specially and primarily directed for the discovery of the fundamental aberration. When, however, this saccharine substance is thus produced in abnormal quantities, its elimination from the economy, by those great emunctories, the kidneys, is a purely conservative process; and, further, this latter is now known to be frequently occurring, even under ordinary circumstances, if there should happen to be a disproportionate relation between the normal production of this material and the aeration of the blood, either directly or indirectly, from deficient innervation, or otherwise, as it then appears in the renal fluid and is thus expelled, while frequently when in excessive quantities other secretions as well as the general system are more or less charged with it.

The proximate state or glucosic diathesis being thus, it is believed, general, instead of local, it appears to be entitled to a more comprehen-

sive and expressive designation, and therefore, in accordance with such views and medical nomenclature, and to indicate more definitely its nature and extensive relations, I have, in a former paper, denominated it, as above, *glucosis*, from glucus, sweet, glucose or grape sugar being the product; the gastric, hepatic, renal and other concomitant affections but subsequent and secondary or tertian states or *effects*.

It is not, however, the design in this article to specially discuss the pathology of this peculiar affection, except so far as it seems necessary for present purposes; but, rather, to more particularly invite attention to that all-important subject, its treatment, which must necessarily, however, be based on correct principles only deducible from just views of the former. Therefore, as connected with this, and to more clearly expose those which seem to be of fundamental importance, some of such will be briefly noticed. In the first place, then, respecting the nature of this aberration, which is now pretty generally considered to be of a more purely chemical character, and the result of an undue exaltation of a special chemico-vital process; and, hence, secondly, its treatment has mostly been based on chemical principles. These views have been sustained by therapeutic experience, as it has been found that usually the most efficient agents for its prevention and modification are those which possess the common property of azotization, or in containing more or less nitrogen. Still, the fact respecting the compound and complex nature of the agents thus employed, and the difficulty and even improbability of their decomposition, or sufficiently so to yield their nitrogen, has been too completely overlooked, and therefore hygienically they could be useful only in preventing further saccharine production, though as asserted not even so positively, whilst therapeutically they were still less, and more indirectly efficient.

Again, in consequence of such views, the treatment has too frequently been thus chemically limited, to the too great exclusion of the more positively vital. In the case reported, however, the relative importance of these principles was generally recognized, as will be seen by the two indications given, viz., one for hygienic, the other for therapeutic measures, the latter of a two-fold character, and which, though in the main unobjectionable, still, it is believed, might be usefully extended. This is presented by Dr. Jewett as follows. "The next indication appears to be to introduce into the stomach a highly-*azotized substance*, and at the same time a *diffusible stimulant*, to exalt, if possible, that organ." He then adds, "both of which ends appear likely to be attained by *ammonia*." In accordance with these indications the sesqui-carb. of ammonia was administered, but without the desired effect, notwithstanding its peculiar constitution, the powerful chemical properties ascribed to it, and the fact that it has been thus employed with asserted success.

The apparent discrepancy between the remedial influence of this agent at one time and its failure at another, may, however, it is believed, be explicable on general principles, connected with its constitution, chemical affinities and medicinal properties, and their relation to the nature of the affection and material under consideration, as it undoubtedly is very valuable in numerous instances, but of which in this particular one,

except under certain circumstances, and then only indirectly and to a limited extent, there is very great doubt. This will be more clear from a slight examination of the principles upon which the remedial influence of this agent depends. These are two-fold: viz., first, through its constituent elements, or chemically; and second, by virtue of its stimulant property, or, for brevity and contradistinction, vitally. The abeyance of the former and activity only of the latter property of this agent, in the glucosic affection particularly, though sufficiently apparent from the constitution and relations of the ammonia and sugar, may be still more clearly exhibited by a very general retrospect thereof. This will show that the former already possesses an abundance, and its due proportion of one of these elements, viz., hydrogen, the affinity for which must be active to prevent the formation or cause the decomposition of the latter, which it is well known is a compound of carbon, hydrogen and oxygen, in nearly equal proportions. The constituent elements of the ammonia, however, are less, both in their number and proportions, consisting of two only, nitrogen and hydrogen; thus (NH_3); but if the elements of the acid to form its salt above mentioned, be added, they will be greater in the former respect; thus the carbon and oxygen of the carbonic acid (CO_2), necessary to the constitution of the carbonate of ammonia. These are, of course, merely general remarks, designed rather to exhibit the *elements* than their equivalent proportions, the latter not being esteemed strictly essential to the argument. The nitrogen, therefore, in the ammonia, having its full supply of the element hydrogen, and *vice versa*, and the affinities of the carbon and oxygen in the carbonic acid being also satiated, and the two thus aggregately combined in the salt, their several and mutual affinities are necessarily in these respects entirely neutralized; consequently there could be little or no affinitive action between these elements in the ammonia and those in the sugar. This slight consideration of chemical principles, therefore, exhibits the fact, that this salt of ammonia, or itself alone, cannot be very useful chemically as a remedial agent for preventing the formation, or decomposing this saccharine substance after it is formed; and, hence, a very important therapeutical indication is thus entirely unfulfilled and lost.

In those cases, however, in which the state of the system giving rise to the excessive evolution of saccharine matter, is dependent on local or general debility, the more purely stimulant or vital properties of ammonia, properly aided, may in some instances be sufficiently powerful to improve the systemic energies and correct the more immediate deranged condition. The want of success, therefore, with this agent, does not seem to have been in consequence of the incorrect interpretation of the indications, but because it is incompetent to fulfil them.

The principles thus cursorily noticed not only exhibit some of the deficiencies in the present plan of treatment of this glucosic condition, but inductively point towards those principles which seemingly promise to lead with great certainty to such correct conclusions as to more positively indicate the true and only reliable hygienic and therapeutic means.

In the first place, then, the derangement to be prevented or eradicated,

is one in which a substance of a definite chemical nature is elaborated, composed, as before stated, of the elements carbon, hydrogen and oxygen. This saccharine material is now known, however, to be a true physiological product, and only connected with a morbid condition when produced in excessive or deficient quantity, or not normally disintegrated. For this latter process, it requires certain other chemical elements, or, as mostly believed, only an additional quantity of one of its own elements from the atmosphere, viz., oxygen. It is therefore reasonable to infer that, in a state of derangement with the excessive production or non-destruction of this material, this physiological process is modified or accelerated in consequence of a deficiency of one or both of these elements, an excess of the saccharine, or that the morbid influence is sufficiently great to overpower and destroy the usual chemico-vital affinities. Two indications, independent of the hygienic, are therefore presented, viz., first, to supply a due proportion of the chemical element or elements required; and, second, to exalt and regulate the vital energies sufficiently to induce the healthy organic metamorphic processes of formation and decomposition. To determine what the former are, it is only requisite to refer to such as are active in the normal destruction of this saccharine matter. It is now almost universally considered that aeration of the blood is effected by its oxidation; or, in other words, that the oxygen of the atmospheric air, directly or indirectly, unites with, causes modifications of, and disintegrates the various materials contained in that fluid; and that the other principal atmospheric element, oxygen, is mostly passive, or a mere diluent of the former. When, however, this exalted glucosic condition supervenes, and the saccharine matter is evolved in undue quantities, the principle, on the other hand, is almost as generally recognized that it is in consequence of the deficiency of this agent, nitrogen; hence the treatment has been directed to its introduction, and experience has amply testified to its propriety and necessity. Now, as I have heretofore stated, I believe that in the physiological as well as in the therapeutical, which must necessarily be based on the former, processes, both of these elements are more or less essential. Hence, therapeutically, the correct principle seems to be, to introduce into the economy a substance composed of such elements, oxygen and nitrogen, and which by readily undergoing decomposition will supply them in a *nascent* state, thus exciting the more active play of the mutual affinities between them and the constituent elements of the sugar to prevent its formation or cause its decomposition, and the subsequent production of those substances so essential to the healthy condition and functions of the combined organs and parts of the body. Some of these affinitive re-actions and relations may be thus cursorily noticed. The elements oxygen and nitrogen (N O), and those of sugar C.H.O); the hydrogen and nitrogen for ammonia ($N H_3$), carbon and nitrogen for cyanogen (C_2H), and oxygen superadded for cyanic acid (C_2O), the two aggregately, cyanate of ammonia, which with the addition of H O is considered to be isomeric with urea. Besides these, the other associations of carbon and oxygen, and hydrogen and oxygen, for carbonic acid ($C O_2$), and water (H O), may be mentioned. It will thus be seen that the agent ammonia, which

for curative purposes is introduced in its compound state into the system, may be actually generated therein from its elements, principally derived from the material thereof, and all its primary as well as secondary advantages thus more directly obtained.

Independent, however, of these chemical relations, the other highly-important indication still, to a certain extent, exists, viz.—to prevent and rectify that diathesis or proximate state, giving rise to the excessive production of saccharine matter. This can be more immediately fulfilled by those hygienic and therapeutic measures which tend to exalt and regulate the vital processes, among the latter of which are, as is justly observed, the diffusible stimulants. The fulfilment of these compound chemical and vital indications seems therefore to require a great diversity of agents; yet, following out the course naturally indicated with regard to the deficiencies, physiological processes and aberrations, it is evident that it requires but a simple and more purely chemical agent composed of the definite elements specified, though possessing superior and unique general physiological properties. Now, fortunately, there is a known agent thus constituted and endowed. This obviously is the protoxide of nitrogen, or nitrous oxide (N O), the particular constitution, properties and general applications of which, have been, for present purposes, sufficiently enlarged upon in my former papers; and I am induced to refer to it again in the present relation, only from a sense of duty and a strong conviction of its usefulness in this glucosic state, believing that it not only answers, but will fulfil, all the indications therein required. Still, though I have thus hastily glanced at some of the reasons for this opinion, I do not wish it understood that it now depends exclusively upon mere inference or speculation, as the constitution and general stimulant property of this agent is well known, and I have proved to my satisfaction, and so stated in published articles, so that others might have the benefit of, and test the correctness of such observations, that it does undergo decomposition in the blood, removes sugar therefrom, forms urea, which is deficient in this affection, regulates the renal as well as general secretion, modifies the action of the liver and alimentary canal, corrects organic aberration, and speedily restores the general hæmatosic and vital equilibrium. Therefore, though I have never had an opportunity of treating the exalted glucosic state, known by the indefinite term "diabetes," as it is somewhat rare, I have treated successfully, with the agent recommended, those minor conditions attended with the moderate saccharine contamination of the renal fluid.

It is also probable, from the consideration of the physiological disintegration of this saccharine material, that oxygen, superadded to, and inhaled with the atmospheric air, might exercise a favorably-modifying influence over its production and the general affection. Ether of these agents, by surcharging liquids with them, may also be introduced into the circulation through the stomach or other parts of the alimentary canal.

In conclusion, and in relation to such therapeutic investigations, it will be proper to state that, when all other means fail, except occasional and accidental ones, in preventing or correcting this or any other biological

aberration, it is believed to be not only justifiable, but the duty of medical men to resort to a judicious system of experimentation to endeavor to discover thereby some more certain and reliable hygienic and therapeutic means. And first, this should be done with those substances to which induction points, which reason selects, and of which judgment approves; particularly if, within themselves, they are exceedingly powerful, yet are capable of being so carefully employed as to avoid all danger of further deranging the organism, and thus of more speedily accelerating the dissolutive processes.

Philadelphia, March 6th, 1854.

"MESMERISM IN HEMORRHAGE."—THE LATE MR. WEINEDEL'S CASE.

[Communicated for the Boston Medical and Surgical Journal.]

PAGE 165 of the current volume of the Journal presents a short article with the above caption, with the statement that "*seven* physicians" had "exhausted their skill in an attempt to arrest the hemorrhage" consequent upon the extraction of a tooth.

I would beg to say that I have never found any difficulty in arresting dental hemorrhage. The different communications upon the subject which I have read appear to me to have been written by non-medico-surgical dentists, rather for the exhibition of *their* superior skill and knowledge, than the simplification of surgico-mechanical treatment. Hence these communications have rather tended to mystify than to elucidate the philosophy of the mechanical appliances which have been "most tolerable and not to be endured."

The most frequent dental hemorrhage occurs in persons of a sero-lymphatic temperament and strumous or scrofulous cachexia. These are the cases which present the greatest obstacles to overcome. In other habits and temperaments, it is as easy to stop the hemorrhage as it is to stop the bleeding from a "cut finger." I have treated some fifty cases, and have never failed to arrest the hemorrhage, in less than twenty minutes, by the following simple plan:—Take a piece of gutta percha, about three times the size of the fangs of the tooth extracted, boil it until it is quite plastic, then mould it as near as possible into the shape and size of the extracted tooth. Sponge from the dental socket all the blood that can possibly be removed; then press the *gutta percha* tooth (now softened on its surface over a spirit lamp) into the socket, the overplus gutta percha being spread to fit round the contiguous teeth and upon the surface of the gums. This done, take a few folds of soft linen or muslin or pocket handkerchief, place it over the gutta percha, and bind the jaws together so that the linen is bitten upon and thus pressed upon the bleeding surface. After a few minutes the gutta percha may be left to itself. When pain follows this operation, the gutta percha (after the hemorrhage has been stopped) should be removed, and lint, saturated with oil or simple ointment, inserted in its place. So much for the operation.

All I can say regarding the "*seven (!!) physicians*" who could not ar-

rest the hemorrhage is, that if such be true, it is a pity some philanthropic association could not arrest the medico-surgical career of these "scientific" men and compel them to enter into the mesmeric state until that occult science shall be emasculated of its humbug. This is important, because the late Dr. John Burdell, and I believe the distinguished dentist, Mr. Eleazer Parmly, of this city, have extracted teeth (some years since) whilst the patients have been in a happy mesmeric state. I have heard that the patients were more oblivious whilst in this state, and under the operation of these gentlemen, than even the ether letheon or the still more powerful chloroform could begin to produce upon poor suffering humanity. Why Mr. Parmly discontinued mesmeric influence, perhaps he can tell.

A case of mesmeric imposition may enlighten, perhaps instruct, if not afford a painful moment for reflection upon the absurdities practised in this age of humbug.

The late Mr. Weinedel, an eminent artist, a German by birth, was under the medical treatment of Dr. Zenf, one of our most eminent German physicians. What his symptoms were, I do not now recollect—publishing the case from memory. Mr. Weinedel, amongst other pains, complained of a severe pain in the cheek bone. Dr. Zenf, suspecting a tooth to be the cause, requested me to examine the mouth of Mr. W. I did so, and found the teeth all perfect so far as their physical integrity was concerned. My diagnosis was that two teeth were diseased at their roots. After much persuasion I was permitted to extract one tooth. My diagnosis was correct; the end of the fang was spiculated by the absorption of its apex. Relief was immediate. After a few days, the pain in the cheek bone returned with ten-fold intensity. Mr. Weinedel now sent for a German mesmeric doctor. This man of occult science informed Mr. W. that I had done him great injury, as it would now require a much longer time to cure him than it would have done had the tooth, which I extracted, been permitted to remain. Dr. Zenf was of course (although for the time dismissed himself) much blamed for introducing me to Mr. W., and I was blamed for the injury I had done. Well, weeks passed on, and the mesmeric doctor daily manipulated and daily received his two dollars, until the inability of Mr. W. to attend to his professional calls destroyed his financial resources. In proportion to Mr. W.'s inability to pay for mesmeric manipulations, did the mesmeric doctor's hopes of a cure recede. Mr. W. in despair again called in his family physician, Dr. Zenf, who discovered much tumefaction and a velvety appearance in the soft parts of the palatine arch of the mouth; the swollen state of the gums external to the maxillary bone was great. I was again called in by Dr. Zenf, and the other tooth was extracted; a small quantity of fetid pus followed. The tooth was considerably absorbed at its root, and the internal alveolus was denuded of its periosteum, and soft. The soft parts now assumed a peculiar purple hue, and from its induration became loose and flaccid. We concluded that malignant disorder was present, and urged upon Mr. W. to call in Dr. Valentine Mott, who upon a careful examination pronounced the jawbone to be affected by a malignant affection, and recommended the re-

moval without delay of the diseased portion of the superior maxillary bone. To this proposition Mr. W. would not for one moment lend his ear. A few weeks after, the disease had progressed so much as to threaten suffocation from the swollen state of the soft parts, and the system was nearly exhausted from want of nourishment and the fever consequent upon swallowing immense quantities of fetid pus oozing into and down the throat. At this stage of the disease, Dr. Zenf was again requested to call in Dr. Mott, who pronounced the case beyond human aid; and Mr. Weinedel, after lingering a few days, died a victim to mesmeric humbug, his own folly and obstinacy. A. C. Castle, M.D.

New York, March 24, 1854.

COMPARATIVE ANATOMY AND PHYSIOLOGY.

BY W. M. CORNELL, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

The importance of this subject is very great; and it has been much more appreciated during the last twenty years, than it was formerly. Almost all the knowledge we possess of the functions of the organs in our own species, has been derived from inspecting the organs and their uses in the lower animals. We might have conjectured that the *cerebrum* was the seat of intellect, and the *medulla oblongata* the seat of motion, in our bodies. But who would have *known* that it was so, but from the experiments made by MM. Flourens, Hertwig, Müler, Longet and others, upon the inferior animals? Dr. Beaumont, many years since, was privileged to look into the stomach of St. Martin, and to see and watch the process of digestion, and his experiments, at the time, overthrew all the theories and conjectures of by-gone days, as to *how* the stomach disposed of the aliment which was put into it.

But from what was *accidental* in Alexis St. Martin (the gun-shot wound leaving an aperture into the stomach), M. Bernard, and other physiologists of the present day, have taken the hint, and gone to work upon the same plan, in searching out physiological phenomena in the lower animals, and through their researches we are now made acquainted with the peculiar functions of almost all the organs of the human body. This analogical reasoning, too, from inferior animals to our own species, is found to be much more correct, than upon first thought would have been imagined. The stomach (and the same may be said of the other organs comprising the digestive apparatus) performs a similar duty in the whole class of mammalia. So that, if we find in the inferior mammal, that the office of the gastric juice is to dissolve, by chemical action, the greater part of the food swallowed; and the office of the pancreatic fluid to emulsion fat, we may reasonably infer that these secretions accomplish a similar purpose in the human economy. And the same parallel holds in all the organs and their functions.

Comparative anatomy and comparative physiology, then, are of great moment to every naturalist, and especially to every practising physician who wishes to employ the healing art *understandingly*.

The writer has been led to the above remarks from having just perused a volume, entitled "Comparative Anatomy," by Siebold and Stannins, translated from the German by Waldo J. Burnett, M.D. It is a royal octavo, containing 470 pages, from the press of Gould & Lincoln, of this city. Dr. Burnett has given us a good translation, and has enriched the work with notes and additions of great value. The work itself is able, and shows that careful and persevering research, which, perhaps, none but a *German* would ever have made. The present volume takes up the *invertebrata* only. Any anatomist, physiologist or physician, who will peruse it carefully, and even *study* it, will find himself amply rewarded. The time has come, when, not a knowledge only that a thing may be, or even is, thus and so, but a reason *why* it is thus and so, and *how* it may subserve the art of healing, is necessary for a physician who would maintain even a respectable standing in his profession.

To show to what *exactness* this science may arrive, we may refer to the case of Mr. Owen, Professor of Comparative Anatomy in the London College of Surgeons. It is to be found in the memoirs of John Abernethy, by Mr. Macilwain. After a compliment to Mr. Owen, as a worthy successor of the celebrated Cuvier, Mr. M. says—"A seafaring man brought a piece of bone, about three or four inches in length, as he said, from New Zealand, and offered it for sale at one or two museums, and, among others, at the College of Surgeons. Most of those to whom the bone was submitted, dismissed it as worthless, or manifested their incredulity. Among other guesses, some insinuated that they had seen bones very like it at the London tavern—regarding it, in fact, as part of an old marrow-bone, to which it bore, on a superficial view, some resemblance. At length it was brought to Professor Owen, who, having looked at it carefully, thought it right to investigate it more narrowly; and, after much consideration, he ventured to pronounce his opinion. This opinion from almost anybody else would have been, perhaps, only laughed at; for, in the first place, he said that the bone (big enough, as we have seen, to suggest that it belonged to an ox) had belonged to a bird; but before people had had time to recover from their surprise or other sensation created by this announcement, they were greeted by another assertion yet more startling, viz., that it had been a bird without wings. Now we happen to know a good deal of this story, and that the incredulity and doubt with which the opinion was received was too great for a time even for the authority of Prof. Owen entirely to dispel. But mark the truthfulness of a real science! Contemplate the exquisite beauty and accuracy of relation in nature! By-and-by, a whole skeleton was brought over to this country, when the opinion of the Professor was converted into an established fact. Nor was this all; there was this appropriate symbol to perpetuate the triumph—that which had appeared as the most startling feature of what had been scarcely better received than as a wild conjecture, was so accurate, in fact, as to form the most appropriate name to the animal thus discovered, the *apteryx*, or *wingless*, from the Greek alpha and pterux."

Science which is capable of becoming *thus exact*, when we consider

the relation of one part to another, and of all parts to the body, must be worth a careful cultivation. Our object has been merely to call attention to this science.

Boston, March, 1854.

ALCOHOL IN MEDICAL PRACTICE.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—In the Journal of February 8th, I notice some remarks by Dr. Gilman, of South Deerfield, on "Alcoholic Liquors in the Practice of Medicine," which, by your leave, I wish to examine. He says "there is no subject upon which the whole community, including the medical faculty, so much need light, as they do on the proper medicinal use of alcohol." I agree that *more light* is much needed on every subject connected with the science of medicine; but I think as much probably exists in regard to the use of alcohol, as is known in regard to many other equally useful and important remedial agents. As an agent of value, it has been recommended and extolled by many to whom medical science owes much. He proposes three questions for discussion, two of which I will notice.

1. "Are alcoholic liquors indispensably necessary in the practice of medicine?" I think they are. Alcohol is a diffusible stimulus. It increases the force and activity of the nervous system, when depressed by various *depressing* poisons; and, so far as my experience goes, strengthened by the recorded testimony of many able observers, it does this more efficiently than any other known remedy. The bite of the rattlesnake, so deadly, and rapid in its effects, if not quickly counteracted, so far as I can learn, is not so amenable to any other treatment as the "alcoholic"; and is enough, I think, if there were no other instances, to establish the fact, that alcoholic liquors are "indispensably necessary in the practice of medicine." But there are other instances where they are necessary. Who has not seen their good effects in cases of fever accompanied with great prostration of the nervous forces? In *delirium tremens*—not *delirium ebriosorum*—they are at times surely indispensable. Solly, in his work on the Brain, page 280, says—"The plan of treatment which I have found on the whole most successful in *true* delirium tremens, is to give the stimulus which the patient prefers from being most accustomed to: this is usually porter and gin in the hospitals; brandy or wine, or both together, in private practice. And revolting as it is to our feelings as moral beings to pour in the very poisons which, by their *habitual* use, have reduced the man to the level of the brute, still as medical men it is our *duty* to *preserve* life by those means which we *know* are capable of doing so." The Italics are my own. It is not "indispensably necessary" for me to instance other cases (for it would occupy too much space), in which alcoholic liquors have been used with profit by almost every member of the profession.

2. "If they are necessary, to what extent?" I am unable to say to what extent. As well might we ask to what extent we should use

opium, calomel, or any other remedy, or to what extent bleed. We should use them *all* whenever necessary, and at no other time, and to the extent the necessities of each case require, and no further; we should be ruled by judgment, and not by *prejudice*. Dr. Gilman declares he has not used alcoholic liquors in his practice for "five years past." Possibly in a practice of even *five* years they might not be required; but if they should, they ought by all means to be used, and not discarded because when used as a *beverage* they *invariably* do harm. If this is the reason why some do not use alcoholic liquors in their practice, I must say that it is contrary to that wise discriminative policy, that should ever characterize the physician.

In the above remarks, I do not wish to be understood as advocating the use of alcoholic liquors as a beverage; for when thus used they truly "out-venom all the worms of Nile," and every good citizen should feel in duty bound to use every effort, consistent with reason and common sense, to prevent their baneful effects. But while we do this, as medical men, we ought by all means to use everything known to be of value.

Carthage, Ill., March 19, 1854. GEO. W. HALL.

RAISING LEECHES IN FRANCE.

[THE Paris correspondent of the New York Daily Times furnishes the following interesting information respecting a successful mode of propagating and raising the leech in France.]

The raising and propagation of leeches has for many years been a necessity in France, for the supply furnished by her marshes gave out thirty years ago. Out of her abundance she used to export; and now she is forced to make up her deficiency from abroad. Other countries have in their turn been exhausted—Italy, Germany and Spain; and of late certain districts of Asia have been laid under contribution. Still, all over the world, the yield has been seriously diminished, and prices have risen to such a point that the poor cannot pay them; and the hospitals even are alarmed. The Academy of Medicine has voted prizes to persons who would discover methods of propagation; and lately a sum was placed in the hands of the Prefect of the Seine, to make experiments with a model leechery in the suburbs. A. M. Borne has just sent to the Academy an account of his establishment at Rambouillet, where he seems to have met with extraordinary success in encouraging the reproduction of his "pupils," as he calls them. They are fed three times a year; they bury themselves in the earth late in the autumn, and pass the winter in a state of torpor. They mate early in the spring—on St. Valentine's day, probably—and lay their cocoons in May to hatch in September. The young ones are fed upon the "less substantial blood of calves." They are extremely voracious, and in two years weigh ten times their primitive volume. M. Borne has built conveniences for the reception of the cocoons, and for their artificial incubation. By care and tenderness he has succeeded thus far in preventing any epidemic or sudden mortality in his reservoirs. The leech is

very apt to be carried off by sudden disorders, and history mentions the loss of a colony of 18,000 in one winter, of the destruction of 60,000 by a hard frost, and of the consumption of 200,000 in Soloque, by a flock of wild geese. M. Borne has taken extraordinary precautions against any invasion of the sort. In the middle of his ponds is a light-house or lookout, where a man is constantly stationed, armed with guns and other means of defence; the edges of the ponds are guarded in such a way as to keep out all aquatic enemies, such as water-rats, moles and frogs; traps are set for the trochètes, glossiphonies, hydrophiles and dytisques, which nourish a traditional animosity toward all leeches. Marauders and poachers are also keenly watched. In short, M. Borne hopes soon to be in a position to furnish France a supply sufficient to render any further importation useless; and later he expects even to be able to export for his own account.

FOREIGN CORRESPONDENCE—LETTER FROM PARIS.

[Continued from page 183.]

In Germany, there are several oculists who have brought into use three or four different kinds of ophthalmoscopes, in studying the diagnosis and prognosis in diseases of the internal eye. I have examined most of them, and they are found to be subject to more or less complication. The ophthalmoscope has not been used long in Paris, but it is an instrument of immense utility, as an aid in the examination of the depths of the eye, and in the confirmation or refutation of one's diagnosis, founded upon direct and collateral symptoms, in such diseases as the following:—Cataract in its commencing stage, or any alteration of the capsule of the crystalline lens; glaucoma, amaurosis, or any particular changes which may be going on in the vitreous humor, as any sub-retinian effusion, whether sanguineous or otherwise, &c. &c.

Very recently, M. le Docteur Anogwastakis, a Greek, who has been sojourning a while at Paris, has so simplified the ophthalmoscope that I deem it worthy to be noticed. With the complication of the German instruments, this means of exploration rested in the hands of a very small number of oculists, who when time and leisure presented could employ them, although not with that ease and facility which the new instrument offers, in daily practice. This instrument consists simply of a small concave mirror, whose diameter is about two inches, and whose focal distance is from four to five. The convex surface is coated like the common mirror, and covered by a thin plate of copper colored black, which extends sufficiently over the circular edge of the mirror to hold it in its position somewhat as the watch crystal is confined. The instrument is pierced by a small overture in the centre, about the size of a writing quill. This opening is infundibuliform at the anterior base. A small handle from three to four inches long, as fancy dictates, is attached to the circumference of one side, to maintain it when held before the eye. One may have a very good idea of the form of the instrument, by supposing that an American dollar was concave, and placed in a very small circular frame, with a stem or handle projecting horizontally to its sur-

face, with one side covered and coated with colored copper, and the two pierced in the centre.

Having examined several patients with this instrument, I will give you the manner of its application. The patient, whose pupils have been dilated with belladonna—or, what is better, as it acts in a few minutes, a *solution de sulphate neutre d'atropine*—is seated in a dark room by the side of a table, upon which is placed a lamp with a glass chimney, and in which oil is used. The light must be on a level with the eye to be examined. Before the patient, and at the same height, the operator is seated. He holds the instrument with the mirrored surface towards the patient, and the posterior surface is applied against his own eye, so that he may be able to look through the small aperture. This being done, the surgeon turns the instrument a little without, in such a manner that the flame of the lamp shall strike upon the bright surface of the mirror, which reflects it upon the pupil of the eye. This reflection, to be satisfactory, ought to be oblong, strait, and very brilliant, which can be obtained easily by approaching or withdrawing a little from the patient, as the case may demand. Thus the rays from the lamp can be thrown into the dilated pupil, thereby illuminating the chambers of the eye and its deeper structures, so that the operator, posted behind his little mirror, can send his own vision through its opening in search of the *mote* that is in his *brother's eye*.

In the examination of the retina, one is often obliged to place himself at a greater or less distance from the patient. Or he may approach the lamp to the mirror, in order to elongate the focus. If it is necessary to enlarge the perceived image, the instrument may be held in the right hand, and a small lens, convex upon one side and concave upon the other, held in the left, and made to pass back and forth near the eye, in the axis of the focus. The results that have been obtained by the application of this instrument upon the normal as well as upon the diseased eye, are extremely interesting. Many cases in which the diagnosis seemed doubtful, have been made sure; and discoveries of new phenomena going on in the visual organs are not unfrequent when these organs are the seat of disease. Often, opacities of the lens and of the vitreous humor are readily perceived, after the astute eye of the specialist has entirely failed. Some very curious observations have been obtained in the study of *sub-retinian* effusions, especially those of a sanguine character.

But can a person, the first or second time he makes a trial of the ophthalmoscope, discover any or all of these phenomena, if they exist? No, that will not be possible. But by operations upon the normal eye—then upon the abnormal, on every occasion that presents itself, one may soon arrive at results very satisfactory. From the portability of this little mirror, which can be easily put into the pocket, I would recommend it even to those who may chance to possess a German instrument. Any optician can very readily manufacture it.

I would also say that this instrument will serve admirably to illuminate the meatus externus of the ear, in the examination of the tympanum, which may be conducted very much in the same manner as the examination of the eye.

ANALYSIS OF CHURCH-HILL ALUM-WATER, FROM A NATURAL SPRING IN THE CITY OF RICHMOND, VA.

AS MADE BY PROF. JAMES C. BOOTH, CHEMIST, PHILADELPHIA.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—Knowing your deep interest in matters of a scientific and medical character, I have taken the liberty to enclose to you a copy of the analysis of Church-Hill alum-water, from a natural pool in the city of Richmond, Va., as made by Prof. James C. Booth, whose reputation as an analytical chemist, you are most probably well acquainted with. I would merely add, in passing, that the alum-water throughout the South, and especially in Virginia, enjoys the highest reputation for the cure of dyspepsia, chronic hepatic derangements, chronic diarrhœa and dysentery, chronic bronchitis, leucorrhœa, menorrhagia, passive hæmorrhages, ulcers, and eruptive scrofulous affections. It may be used externally as well as internally. As the facilities for sending it from Richmond to the different cities North are so great, the proprietor intends to deposit it in all the prominent cities, to enable medical men to have at their convenience so beneficial an agent in the treatment of disease. It has for some months past been in use in Philadelphia, with the most marked success. The insertion of the analysis in your widely circulating Journal, will serve the cause of medicine by placing in the hands of medical men the character of the combination which nature has so beneficently provided for their use.

With much respect I remain yours truly,

Philadelphia, March 24, 1854. JOSEPH KLAPP, M.D.

The water forwarded for analysis was received in Philadelphia in excellent condition. It is a brilliantly clear liquid, when freshly drawn, possessing an astringent, styptic taste, rendered more agreeable by its large contents of sulphuric acid, and with a marked after-taste of iron. The following are the results of an exact and minute analysis of a wine-gallon (58,372 grains) of the water, calculated also into 10,000 parts, for convenient comparison with the European waters of a similar character. Specific gravity, at 60°, 1.00694.

ANALYSIS.

	Grains in the Gallon.	Grains in 10,000 parts.
Potassa,	1.323	0.2267
Soda,	3.301	0.5655
Ammonia,	0.192	0.0328
Lime,	36.580	6.2668
Magnesia,	28.688	4.9147
Alumina,	21.870	3.7466
Protoxide of Iron,	11.838	2.0280
Peroxide of Iron,	62.186	10.6533
Sulphuric acid,	248.950	42.6488
Chlorine,	2.808	0.4810
Silica,	10.429	1.7867
Phosphoric acid,	trace	trace
Total,	428.165	73.3509
Found by direct weight,	432.108	74.0267

The difference between the sum of the separate ingredients and the total amount of solid residue in the water, is less than one per cent.

The above ingredients are grouped together as salts, according to their respective affinities, in the following table, representing the Rational Analysis. The sulphuric acid belonging to the respective bases is placed opposite to them.

RATIONAL ANALYSIS.

	Grains in the Gallon. Salts.	Sulphuric Acid.
Sulphate of Potassa,	2.444	1.121
Sulphate of Soda,	1.943	1.094
Chloride of Sodium,	4.627	0.000
Sulphate of Ammonia,	0.643	0.451
Sulphate of Lime,	88.836	52.257
Sulphate of Magnesia,	86.064	57.376
Sulphate of Alumina (neutral),	72.928	51.058
Proto-Sulphate of Iron,	24.991	13.153
Persulphate of Iron (neutral),	51.270	30.762
Persulphate of Iron (1-3 basic),	83.355	41.678
Silica,	00.000	00.000
Phosphoric Acid,	trace	
Total,	427.530	248.950

	Grains in 10,000 parts of the Water. Salts.	Sulphuric Acid.
Sulphate of Potassa,	0.419	0.192
Sulphate of Soda,	0.333	0.188
Chloride of Sodium,	0.793	0.000
Sulphate of Ammonia,	0.110	0.077
Sulphate of Lime,	15.219	8.952
Sulphate of Magnesia,	14.744	9.829
Sulphate of Alumina (neutral),	12.494	8.747
Proto-Sulphate of Iron,	4.281	2.253
Persulphate of Iron (neutral),	8.783	5.270
Persulphate of Iron (1-3 basic),	14.280	7.140
Silica,	1.787	0.000
Phosphoric Acid,	trace	
Total,	73.243	42.648

The neutral sulphates of alumina and per oxide of iron have the formula $Fe_2 O_3, 3SO_3$ and $Al_2 O_3, 3SO_3$; and the basic salt has the formula $Fe_2 O_3, 2SO_3$. The above salts may be thrown for convenience into the three following groups.

	Grains per gallon.	Grains per gill.
Total amount of alkaline salts,	184.05	6.00
" " of salts of iron,	159.05	5.00
Persulphate of alumina,	73.00	2.05

Of the alkaline salts, nearly one half is Epsom salt, and nearly one half of the iron salts consists of the oxides of iron.

We have carefully compared the analysis of this water with the analysis of a large number of the alum-waters of Europe, and find only four of them which will compare with it in richness of solid content, and none of them contain the ingredients of the several classes as well proportioned. We therefore regard it as one of the richest and best proportioned of all the alum-waters known. It is at the same time an altera-

tive, astringent, tonic and laxative. The large proportion of iron salts renders it an excellent tonic. The aluminous salt tends to give it astringency, but this effect is modified by the laxative agency of the alkaline salts, especially of Epsom salt. The combination, as a whole, makes it an alterative. It will unquestionably be regarded as a useful adjuvant to the physician, and a valuable addition to the Materia Medica.

JAMES C. BOOTH.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, APRIL 12, 1854.

Diseases of the Heart and Aorta.—What would medical authors of one hundred years ago have said, had it been predicted that their wise deliberations and painfully elaborate treatises on the diseases incident to humanity would be so completely superseded, that even the names of some of the most distinguished authorities would not even be known to pathological inquirers of a century hence? Such, however, are the mutations of time that this has proved true; and thus the domain of knowledge passes from the superintendence of one generation of stewards to that of another, each of which assists in the advancement which has characterized it.

Dr. Stokes, of Dublin, is a familiar medical acquaintance, as the profession have received instruction from his teachings in several of his valuable works. Among other treatises which give him prominence, and in fact a distinction to which few can aspire, is a beautiful volume of 689 octavo pages, exclusively on *Diseases of the Heart and Aorta*, which has been republished by Messrs. Lindsay & Blakiston, Philadelphia. Embracing every symptom and description calculated to throw light upon the condition of those essential organs, it seems almost impossible that further advances can be made in this direction. There is a minuteness and clearness which puts away much of the doubt attending heart affections, and enables the practitioner to determine at once the course to be pursued. There are twelve chapters, orderly in their construction, and copious in details. Chapter I. is upon the heart and its membranes; II., on the diseases of the valves of the heart; III., diseases of the muscular structure of the heart; IV., on the weakness or deficient muscular power of the heart; V., fatty degeneracy; VI., treatment of the organic diseases; VII., condition of the heart in typhus fever; VIII., displacement of the heart; IX., rupture; X., its deranged action; XI., aneurism of the thoracic aorta; XII., aneurism of the abdominal aorta. It would be a hopeless undertaking to particularize the abounding excellencies of this valuable book. We feel that the world-wide reputation of William Stokes, M.D., Regius Professor of Physic in the University of Dublin, is quite sufficient to give character and currency to any production on medicine that bears his name.

Diseases of Infancy and Childhood.—Messrs. Blanchard & Lea, of Philadelphia, have brought out a second American edition of Dr. Charles West's celebrated lectures on this subject, carefully revised, and therefore improved, with fifty pages added, to say nothing of the fact that the results of 640 observations, and 199 post mortem examinations, are introduced into the

work. A great amount of literary labor is prominently before the eyes of the reader, while the intrinsic value of the text is so obviously important, we should be unjust towards the younger members of the profession, to withhold the expression of our satisfaction that a book is furnished them abounding in materials expressly fitted to meet their necessities in a difficult branch of practice, viz., among children.

Medicating the Hair.—Oils, lustrals, pomades and washes "for the growth and beautifying" of the human hair, are manufactured in vast quantities. Thousands of barrels are annually prepared in this country; and very large quantities are also imported from different parts of Europe. Large fortunes have been acquired by many who are engaged in the business. Some of these preparations are harmless, while others are of positive injury, not only to the hair itself, but to the tissues beneath. Nature never intended that any thing of this kind should be necessary. She has made abundant provision for the nourishment and moisture of each hair in the head; and all that is absolutely required to keep the hair, and the skin beneath it, in a healthy condition, is a moderate use of cold water and a brush. It is amusing to read the advertisements of persons who make a specialty of treating "diseases of the hair." They would have you believe in a forcing process of growing and cultivating it, as we do vegetables in a garden. Such a doctrine is physiologically absurd. Every hair has its "root;" and that "root" its tube. Each side, and connected with it, are the oil tubes. At the bottom of the hair tubes is a small conical prominence, which is the producing organ of the hair pulp, and is richly supplied with vessels and nerves. The mode of formation of the hair by this pulp, is precisely like that of other tissues from analogous organs. A fluid, separated from the blood, is first poured out on the surface of the pulp, and this is converted into granules, then into cells, and the aggregation of these cells, which are modified, constitutes the texture of the hair. Now the growth, health and beauty of the hair, depend entirely upon the normal condition of this pulpy mass at its root—and it must be apparent, that if substances are used which are too stimulating in their nature, or that hermetically seal the pores, or breathing apertures of the hair itself, they are decidedly injurious. Many persons have injured their hair by the use of patent oils and washes; and we feel compelled to give to those who are in the daily use of such preparations this timely caution. The composition of several of these compounds has lately been made known to us, and we have been more strongly convinced thereby of their deleterious nature. If it is desirable that any artificial means be used to give additional gloss and moisture to the hair, we know of nothing better than the following prescription, which is at least believed to be harmless. ℞. Glycerine and bay water, aa ℥ i.; Aqua rosæ, ℥ x. M.

Indiana Hospital for the Insane.—However much men may differ from each other in their political views, or their religious creeds, they universally harmonize in the opinion that the insane are special objects of care, and that the neglect of them is in direct opposition to an instinctive compassion which God has planted in the human breast. The new States of our Union are coming up to the highest requirements of civilization in this respect, and, throughout this vast Republic, homes for the insane are multiplying, conveniences are provided, and all the wants supplied by public pro-

vision. This is a grand feature in the character of our people, and so deeply has the sense of duty on this score taken root, that institutions for the restoration and every-day comfort of lunatics will probably be the last to give way under any form of national deterioration. Indiana is a young State, but abundant in resources. We could dilate with pleasure on the enterprise, wealth, activity, and philanthropic efforts of its inhabitants. Of their claims to distinction on these grounds, however, an estimate may be formed by simply pondering upon their liberality in the establishment of a single public institution. An insane hospital appears to have first been publicly suggested in 1841. It had been in existence nearly five years when the report was made which now lies before us—dated October 31, 1853; and yet 570 patients had been received. The finances are in a good condition. It costs but a fraction over $2 38 per week for the support of each patient. Dr. James S. Anthon is the Superintendent. Appended to the report are a multitude of tables, and a minute record of all that should be known of each individual case—which shows the care and vigilance of the officers. Three cases of excessive use of quinine as a cause of insanity are mentioned. Three are also mentioned from excessive lactation; four from want of occupation. Twenty males and one female were made lunatics in consequence of masturbation, and twenty-six from spiritual rappings.

Light, Heat, Electricity and Magnetism.—An apology is due our friend, W. Clay Wallace, M.D., of New York, for delaying to acknowledge the receipt of a copy of his learned pamphlet. Dr. W. is a pattern of philosophical industry; and what is commendable in the highest degree in connection with his other good qualities, he delights in diffusing the results of his researches. Those acquisitive people who live exclusively for themselves—receiving, like the ocean, all the streams and rivulets, and never making a return—are very useless beings. Those, on the contrary, who are ready to teach others the truths they have discovered, are benefactors, and as such, are entitled to the thanks of their cotemporaries and the gratitude of the world. We regret the impossibility, in our limited space, of doing justice to the able production which has given rise to these remarks, but we commend it to the attention of our readers.

Orthopædic Practice.—A pamphlet on the principles and practice of orthopædic surgery, by Lewis Bauer, M.D., and Richard Bathelmess, M.D., of Brooklyn, N. Y., which is presumed to be a kind of general advertisement for physicians, and perhaps to inform the unfortunate, also, where they can find reliable advice and assistance from art, should have been more seasonably noticed. We hail with satisfaction each and every preparation and institution for remedying the deformities of humanity. Orthopædic surgery has moved sluggishly into public favor, but its value is beginning to be understood. Boston has been particularly favored by an early introduction of its best features. New York might ably sustain a distinct institution for the treatment of the poor, and it should be done.

State Lunatic Hospital at Taunton.—The opening of this institution has been officially announced in the public journals. This is the second hospital which has been erected by the State of Massachusetts for the insane, and is intended for the reception of patients from the counties of Dukes,

Nantucket, Bristol, Barnstable, Plymouth and Norfolk. By the politeness of Dr. J. W. Graves, one of the Commissioners, we have received a copy of two beautiful engravings, representing the exterior and the ground plan of the hospital. The external appearance is certainly very imposing, and there can be no doubt, from the view thus presented, and the description of the interior arrangements already published in the Journal, that this is a model building, reflecting the highest honor upon those who have had the charge of its construction.

Another Death from the Bite of a Rabid Dog.—A young man by the name of Hoar, died in South Boston on Sunday last, in consequence of having been bitten in one of his hands some nine weeks previous by a rabid dog. After the occurrence of so many fatal cases of hydrophobia in our city and vicinity, it is hoped a sufficient alarm may be created to induce the municipal authorities to enforce the law which relates to dogs running at large.

Lunatic Asylums.—At a recent meeting of the Middlesex magistrates, it was stated that the actual expenses of the Hanwell Lunatic Asylum, including the fragment of interest on monies borrowed, and the yearly proportion of the principal amounted to £11,209 18s. 1d., leaving a debt of £6078 11s. 8d. Colney Hatch expenses amounted to £26,906 13s. 9d. The costs of lunatics in private asylums, to the country, amounted to £1108 16s. 6d. The committees of the two lunatic asylums presented their annual reports, which were received, and ordered to be printed.—*London Lancet.*

Medical Miscellany.—Dr. John Ware, of this city, will leave here about the first of May for an European tour.—There are upwards of a hundred cases of ophthalmia in the Hospital at Deer Island, Boston harbor.—There have been over three hundred cases of smallpox and varioloid in this city since December last; and of that number, we believe, only about thirty have died. —We see by the newspapers, that one of the late professors of a Philadelphia Medical College, has commenced the manufacture and sale of patent medicines.

PAMPHLETS RECEIVED.—A Report to the Indiana Medical Society on Asiatic Cholera, as it prevailed within the State of Indiana, during the years 1845—50—51 and 52, by Geo. Sutton, M.D.—Eleventh Annual Report of the Managers of the State Lunatic Asylum of the State of New York.—Manual of the Active Principles of Indigenous and Foreign Medical Plants—as prepared at the American Chemical Institute, New York, by B. Keith & Co.

TO CORRESPONDENTS.—Dr. Carpenter's Address before the Bristol District Medical Society, has been received, and will have an early insertion.

DIED,—Dr. Dickinson, Hospital Surgeon at Sacramento, killed in a duel.

Deaths in Boston for the week ending Saturday noon, April 8th, 88. Males, 42—females, 46. Inflammation of the bowels, 3—disease of the bowels 1—inflammation of the brain, 1—congestion of the brain, 1—disease of the brain, 2—consumption, 24—convulsions, 2—croup, 2—dropsy, 2—dropsy in the head, 3—infantile diseases, 8—puerperal, 1—erysipelas, 4—typhus fever, 1 —typhoid fever, 1—scarlet fever, 1—hemorrhage, 1—hooping cough, 1—hernia, 1—disease of the heart, 1—inflammation of the lungs, 5—disease of the liver, 3—marasmus, 2—measles, 5—old age, 2—pleurisy, 3—suicide, 1—smallpox, 2—teething, 1—tumor, 1—unknown, 2.

Under 5 years, 31—between 5 and 20 years, 9—between 20 and 40 years, 26—between 40 and 60 years, 16—above 60 years, 6. Born in the United States, 61—Ireland, 24—Germany, 3. The above includes 2 deaths in the city institutions.

Meeting of the Suffolk District Medical Society.—The annual meeting of this Society for the choice of officers, and other business, took place at the rooms in Phillips Place, on Wednesday last. There was quite a large gathering of the members, and the proceedings were characterized by harmony and despatch. Drs. Homans and Parkman having declined to serve any longer as President and Vice President, the Society proceeded to fill the vacancies. The following are the officers for the ensuing year.

President.—Ephraim Buck, M.D.

Vice President.—J. Mason Warren, M.D.

Secretary.—John B. Alley, M.D.

Treasurer.—Nathaniel B. Shurtleff, M.D.

Librarian.—W. E. Coale, M.D.

Supervisors.—Silas Durkee, M.D., Z. B. Adams, M.D.

Censors for Suffolk District.—Drs. A. A. Gould, P. M. Crane, W. E. Coale, W. W. Morland, H. W. Williams.

Counsellors for Suffolk District.—Drs. Jacob Bigelow, Z. B. Adams, John Jeffries, Samuel Morrill, Marshall S. Perry, A. A. Gould, C. H. Stedman, John Odin, Jr., H. I. Bowditch, Charles Gordon, Charles Chase, Charles E. Ware, P. M. Crane, Horace Dupee, George Hayward, John Homans, D. H. Storer, A. A. Watson, Ezra Palmer, Jr., Henry Dyer, George Bartlett, Nath'l B. Shurtleff, J. M. Warren, H. G. Clark, G. A. Bethune, James Ayer, S. Parkman, John Flint, J. B. S. Jackson.

Delegates to the American Medical Association, to be held in St. Louis, on the 2d of May, 1854.—Drs. A. Abbe, J. Ayer, J. W. Stone, C. E. Buckingham, S. Cabot, Jr., P. M. Crane, J. H. Dix, W. G. Hanaford, G. Stevens Jones, Silas Durkee, Francis Minot, B. S. Shaw, H. O. Stone, H. G. Clark, C. A. Phelps, Calvin Ellis, Luther Parks, Jr., W. E. Townsend, G. W. Otis, Jr., E. G. Tucker, E. Palmer, Jr., D. M. Parker, D. V. Foltz, S. Parcher.

A vote of thanks to the retiring officers of the Society, together with a proposition for amending and adding to the by-laws, finished the business of the meeting.

Olea Europæa.—I was in the island of Mytilene at a time when fever and ague of the worst description were raging in the island;—in fact, it was so bad, that death ensued frequently after a week or ten days. The small quantity of quinine at the druggists was soon exhausted, and I could procure none to administer to patients. Knowing that *biberine* and *salicine* were often used for fever and ague, I turned over in my mind all the bitters I could think of which might prove effectual. Many were poisonous, and I rejected them; then thought of *olive-leaves*, and after several trials, I commenced administering doses of a decoction of the leaves—say two handfuls boiled in a quart of water till evaporation had reduced it to a pint. This I gave in doses of a wineglassful every three or four hours. Obstinate cases of fever gave way before it, and for many years I have found it more effectual than quinine.—*Mr. Maltas in Pharmaceutical Journal.*

Vaccination without Punctures.—M. Morlanne, of Metz, has just made public that he produced three regular vaccine pustules, which appeared on the fourth day, by merely placing some vaccine matter on the arms of two children, and rubbing up and down the spot with the sharp end of an ivory paper knife. He was led to try the experiment from recollecting the fact of young girls taking the cow-pox on the fingers used for milking.—*Lon. Lan.*